



Annual Report

FY 2019-2020

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A MESSAGE FROM THE EXECUTIVE DIRECTOR

Enclosed are the programs and services provided by the Lancaster County Drug and Alcohol Commission in the fiscal year July 1, 2019 to June 30, 2020. This Annual Report gives you the details to see where my office utilized the tax dollars in delivering education and prevention programs in the Lancaster community, along with the treatment services we purchase for low income citizens who do not have Medicaid or private health insurance.

We provide all these services through local and regional agencies and facilities, not through our small D&A Commission county government office of eleven employees. Hundreds of clients are funded by the Commission in treatment each year, and thousands are in our prevention and education programs. Hundreds of professionals are employed in these local facilities, many of them people successful in their own recovery.

Although the overdose deaths decreased from 168 Lancaster County citizens in 2017 to 104 in 2019, we are now seeing an upward trend in 2020, which is projected to have 140 deaths in the county. This is probably related to the limitations on our treatment and intervention services due to the COVID pandemic. Social isolation, not meeting with sponsors or support groups face to face, quarantines, and the loss of jobs all contribute to this spike in drug use and deaths. All our programs are operating and providing services, but mainly through virtual technology, not face to face human contact. So, the pandemic has another deadly consequence, increasing the overdose deaths in our communities.

Programs and services are slowly opening back up with face to face interaction, using the health care protocols to prevent the spread of the virus. We are adjusting our services to address this increase in overdose deaths, and the field has remained open and functioning, even during the first, and hopefully last wave of the COVID pandemic.

If you have any questions about this report, or the services we provide, please contact my office and I would be happy to talk to you.

Regards from the Lancaster County Drug and Alcohol Commission. Stay healthy and sober.....Rick

Annual Report 2019-20

Lancaster County Drug and Alcohol Commission

Mission Statement

The mission of the Lancaster County Drug and Alcohol Commission is to provide access to high quality community-based alcohol and other drug prevention/education services for all citizens, gambling prevention, education, and referral, and treatment services to uninsured and under-insured low income citizens, in an efficient and cost effective manner.

Background

The Lancaster Single County Authority (SCA), known locally as the Lancaster County Drug and Alcohol Commission, was originally created in the 1970's as an SCA Planning Council, a department within the Lancaster County Mental Health/Mental Retardation Program (MH/MR Program). The SCA was a unit of the MH/MR Program, reporting to the MH/MR, D&A Program Administrator. Due to the need for greater autonomy and public focus on the drug and alcohol field, the Lancaster SCA was transferred to a Public Executive Commission in January 1989. The SCA Public Commission is a separate county department that reports to the Board of County Commissioners.

The Lancaster SCA advisory board meets six times per year and provides public input and advice to the Lancaster SCA staff. The advisory board reviews and provides input for the annual plan and annual report; oversees major services delivered, helps create new programs, and visits some of the programs throughout the year. Essentially, all major projects and decisions are reviewed with the SCA advisory board. Minutes are written for each meeting and are published for review. All SCA advisory board meetings are open to the public for participation.

Three times each year, the SCA Executive Director and case management staff meets with the contracted treatment providers, to review essentially the same topics as the SCA advisory board. Also, policies and procedures are reviewed, modified, and changed at these provider meetings. Since the provider network delivers the treatment services to the Lancaster SCA funded clients, the provider meetings are similar to a staff meeting. Many details are discussed and problem solving occurs. Minutes are taken and published for review.

The Lancaster SCA administrative unit consists of an Executive Director, Administrative Assistant, Fiscal Officer/Accountant, Fiscal Technician, and two support staff. The unit develops the annual plan and annual report, develops and monitors the contracts, collects outcome data, creates new services, supports the advisory board, collects/enters data, processes provider invoices, and completes fiscal reports.

The Prevention Unit is an administrative unit of the Lancaster County Drug and Alcohol Commission and consists of two employees. It was established in 1975 to assess needs, plan strategies, and provide services to deter the onset of drug abuse among youth and adults. Staff and contracted providers use the following strategies as part of a comprehensive, primary prevention program:

1. Information Dissemination - Provides awareness and knowledge of substance abuse, addiction, co-dependency, and available services to the general public and targeted groups.
2. Education - Provides in-depth training to improve knowledge, critical skills, and professional skills related to alcohol, tobacco, and other drug (ATOD) abuse.
3. Alternatives - Encourages participation of targeted groups in constructive, healthy activities that offset the attraction to ATOD use.

4. Problem Identification and Referral - Identifies individuals who have engaged in early ATOD abuse in order to assess whether their behavior can be altered through education.
5. Community-Based Process - Enhances the abilities of communities and neighborhoods to more effectively prevent ATOD abuse.
6. Environmental - Establishes or changes written and unwritten community standards, codes, and attitudes which influence the incidence and prevalence of ATOD abuse.

Prevention/education programs are available in all 16 school districts in Lancaster County. A variety of school and community-based services, including parent/family education, are provided by a network of seven non-profit organizations.

SCA Case Management System

The Case Management Unit provides services through the Lancaster County Drug and Alcohol Commission. It includes one supervisor and three (3) case management positions. The unit provides case coordination for clients, monitors the contracted treatment facilities, clinically verifies the level of care data for placement into residential programs, screens requests for treatment, identifies gaps in service, develops new treatment programs, participates on the drug court and mental health court, and presents the drug and alcohol system to potential referral sources.

Case management services such as liability determination, screening, and assessments are subcontracted to and provided by the licensed outpatient clinics and detox units. All treatment services, which include detox, residential rehabilitation, halfway house, outpatient, methadone maintenance, intensive outpatient, and partial services are purchased at Department of Drug and Alcohol Program (DDAP) licensed treatment programs.

The Drug and Alcohol Commission has been purchasing recovery support services from RASE, Inc. for the past 14 years. This includes the development of a Recovery Oriented System of Care (ROSC) model. These are not professional treatment services, but rather they assist family and consumer members by providing recovery support and a warm hand-off to treatment. RASE employs Recovery Support Specialists using HealthChoices and SCA funding, to assist clients in their early recovery.

The contracted outpatient providers are the "gatekeepers" of the County Drug and Alcohol treatment system. The contracted outpatient provider conducts a drug and alcohol evaluation, level of care assessment, and provides referrals into other modalities of treatment.

If the client currently has a Medical Assistance (MA) card, also known as Medicaid, or is eligible for an MA card, he/she should be referred to a Lancaster County-contracted outpatient facility. These same outpatient clinics can also take the MA card to pay for the drug and alcohol treatment.

If the client has medical insurance that will cover the entire treatment service, these procedures need not be followed. But many insurance companies do not pay for all services, e.g., very few companies reimburse for drug and alcohol halfway house services. If this is the case, and the client will eventually seek County Drug and Alcohol funds, then the above rule must be followed. Simply put, if even one dollar of County Drug and Alcohol funds will be involved, the client must be referred to a Lancaster County-contracted outpatient provider or to the detox unit.

With Health Management Organizations (HMO), the client must be referred through their own HMO physician, in order for the HMO to reimburse the approved HMO treatment provider. County funding is not involved.

Follow the HMO procedures and policies. If the HMO or insurance company procedures are not followed and therefore treatment is denied, County D&A Commission funding will **NOT** be available.

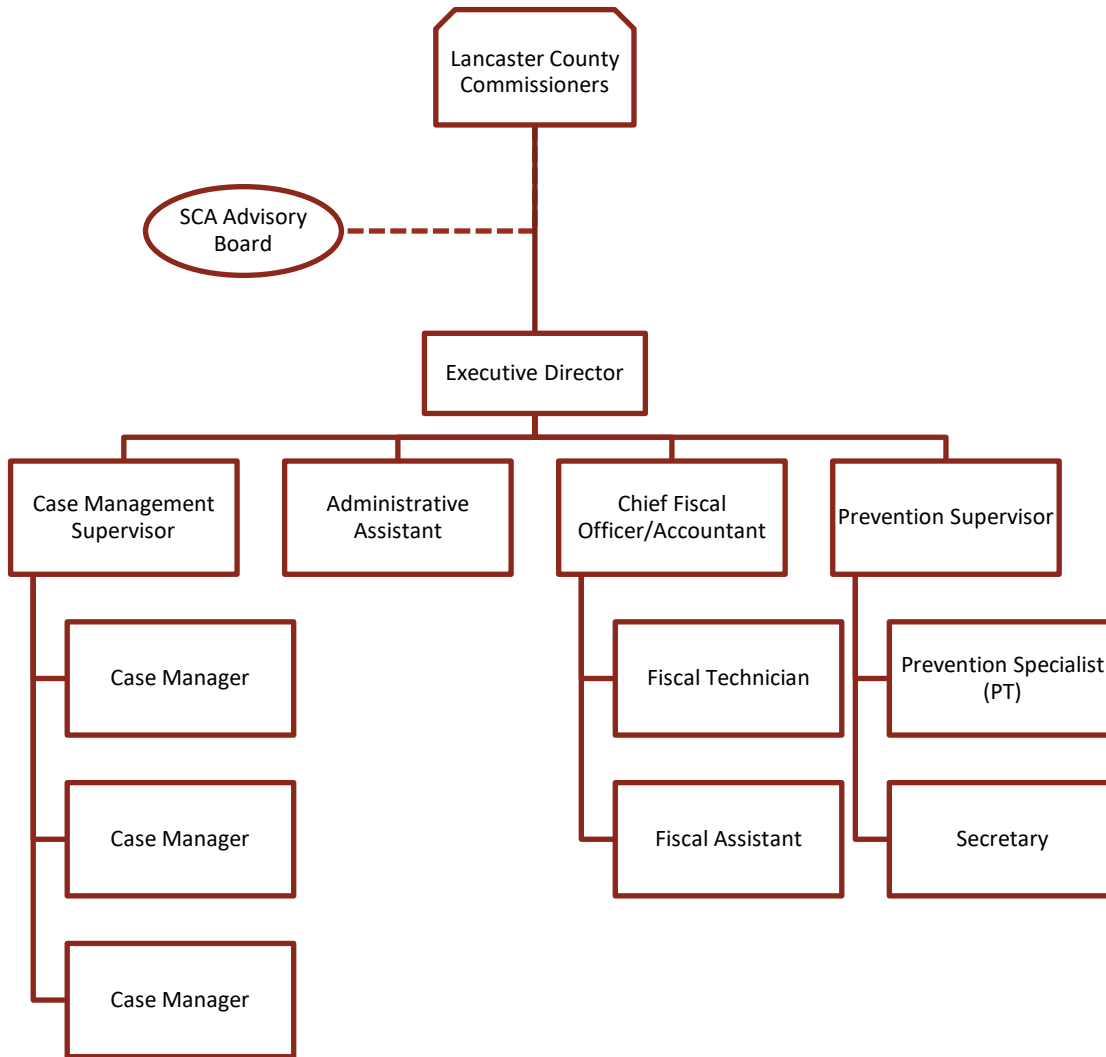
If a client is in the Lancaster County prison, and is not involved with the prison's pre-parole unit or the prison's Door to Door Project, he/she must first complete all legal obligations (in other words, serve out their sentence). Upon release, the client may make an appointment at an outpatient clinic for an evaluation and funding eligibility determination. If a client is in a facility outside of Lancaster County e.g., a state or county prison, a mental health unit, a detox unit, a D&A rehab program, etc., and the facility is not contracted with the Lancaster County Drug and Alcohol Commission, the client must be referred to a contracted outpatient program in Lancaster County for County D&A funding/services to be made available. For example, a person seeking services who is currently in a state or federal prison must first be released and then seen by a Lancaster contracted outpatient counselor for County D&A funds/services to be available.

The in-house Case Management Unit reviews the clinical assessment and level of care material that is gathered at the outpatient clinics and detox unit, and verifies the placement into a particular level of treatment. After this clinical review takes place at the Lancaster SCA, the fiscal unit of the SCA determines if the funding is available, and if so, which funding stream applies. The case management unit approves of the treatment placement and the fiscal unit approves the financial commitment. Then the client is placed into treatment and the provider is given a written authorization of service.

Specifically, the following clients are eligible to receive Lancaster SCA funding:

- Low income clients with no insurance coverage.
- Client with insurance but has used yearly/lifetime coverage. Factors are involved so that calculations must be made with each case to determine if Lancaster SCA funding applies.
- Client has insurance but insurance does not pay for a level of care. The insurance company must adhere to Act 106 minimum coverage for the client to be eligible for Lancaster SCA funding.
- Client is a veteran, with or without VA benefits. The Lancaster SCA attempts to use the VA benefits if available, but if not, the veteran is not denied SCA funding. Clients that are adolescents, with or without insurance. If parents agree to access their insurance, then the insurance or MCO coverage is used first

Organizational Chart



(PT = part-time)

I. Major Accomplishments for 2019-20:

Administration

- Participated on more than 30 committees, boards, and task forces, to coordinate services and develop programs for serving the community.
- Contracted with more than 50 treatment and prevention programs that provide services for the Lancaster community.
- Provided medication-assisted D&A treatment using Suboxone for recovering heroin addicts.
- Passed the Quality Assurance Assessment review by the Dept. of Drug and Alcohol Programs (DDAP).

- Established residential per diem rates with seven other county drug and alcohol programs in the region.
- Provided oversight of the managed care system, HealthChoices, for Medical Assistance clients. This is a \$240 million project, in partnership with four other counties. Lancaster County drug and alcohol clients received over 19 million dollars of treatment, funded by HealthChoices, each year.
- Utilized all DDAP funding for the delivery of treatment and prevention services in Lancaster County.
- Hosted three meetings with local providers, to increase communication, networking, and problem-solving.
- Elected as an executive committee member of the PA Association of County Drug and Alcohol Administrators (PACDAA).
- Member of Re-entry Management Coalition for prisoners returning to the community.
- Member of the Youth Intervention Center Board of Managers.
- Member of the steering committee of the Joining Forces coalition, to address the opioid epidemic in Lancaster County.

Prevention/Intervention

- Provided funding and technical assistance to seven non-profit organizations for community-based prevention projects. Monitored them for compliance with state and federal requirements. Maintained contact with all providers during COVID-19 isolation period.
- Worked with Providers to continue implementation of PA WITS, the state's web-based data collection system.
- Worked with Providers to develop a comprehensive, data-driven countywide prevention plan, informed by the needs assessment and resource assessment process.
- Provided cross training to family and children's service agencies on Fetal Alcohol Spectrum Disorder and Neonatal Abstinence Syndrome.
- Provided additional funding to COBYS to support the Kinship Navigators Program, a program that helps grandparents who are temporarily or permanently raising their grandchildren due to a parent's addiction.
- Continued to contract with GOAL, a non-profit agency, to provide educational seminars and workshops to clergy and laypersons on addiction and the family.
- Coordinated SAP Services and purchased 2,765 SAP student assessments in local elementary, middle and high schools, using Master's level clinicians.
- Participated in SAP District Council meetings.
- Provided additional funding to Elizabethtown Area Communities that Care in order for them to increase school-based prevention services to the Elizabethtown Area School District.
- Assisted Compass Mark in planning and expanding the Positive Change Conference, collaborating with Millersville University to include social work students.
- Assisted Compass Mark in providing mini-grants to local community coalitions so that they could provide prevention services specifically aimed at addressing needs in their community.
- Continued to fund and expand Compass Mark's Prevention Community Mobilizer.

- Participated in the Lancaster County Homeless Provider Network.
- Conducted four prevention service provider meetings.
- Participated in the Pennsylvania Prevention Directors Association.
- Participated in DDAP's monthly peer sharing conference calls.

Treatment/Case Management

- Hired and trained two new Case Managers despite the challenges of remote work during the COVID-19 crisis.
- The CM unit worked cooperatively with LCP, the Court, Probation, and the rehabs during the COVID-19 crisis to continue safely transitioning inmates from LCP to rehab.
- Implemented a system to complete GPRA surveys for all clients who were eligible for SOR.
- Completed the annual monitoring of the treatment providers *remotely* during the COVID-19 crisis.
- Continued the process, along with the rest of the D&A field, of adapting to the ASAM transition.
- Collaborated with local officials and providers to create trauma-informed care community.
- Funded Narcan kits for low income community members and participated in public Narcan trainings.
- Collaborated with BHDS, CYS, Probation and Parole, and IU-13 to create the Youth Systems Review.
- Participated in District Attorney's Crime Prevention Task Force.
- Updated treatment/case management policies and procedures for the new five year grant cycle.
- Continued working with the Lancaster County Assistance Office (CAO) and local Drug and Alcohol Service Providers to facilitate the expedient processing of MA applications for D&A clients.
- Worked with Children and Youth Agency to assist in determining the status of child abuse allegations and the need and type of services that would best help the family.
- Worked with treatment providers in an effort to offer the most effective levels of care with minimal gaps in service, in order to maximize positive outcomes.
- Networked with local agencies and organizations to reverse the increasing problem of addiction and homelessness within our community.
- Supported BH/ID's CASSP (Child and Adolescent Service System Program) clinic to help identify issues and provide services to adolescents in crisis.
- Participated on the Prison Re-entry Committee.
- Participated on the Lancaster County Court of Common Pleas Adult Drug Court and Mental Health Court teams.
- Worked with CABHC, helping clients obtain financial assistance to enter a recovery house.
- Networked with CMs from other counties, to share ideas on how to better serve clients in our community.
- Worked with PerformCare to identify high risk Medicaid consumers of drug and alcohol and mental health services.

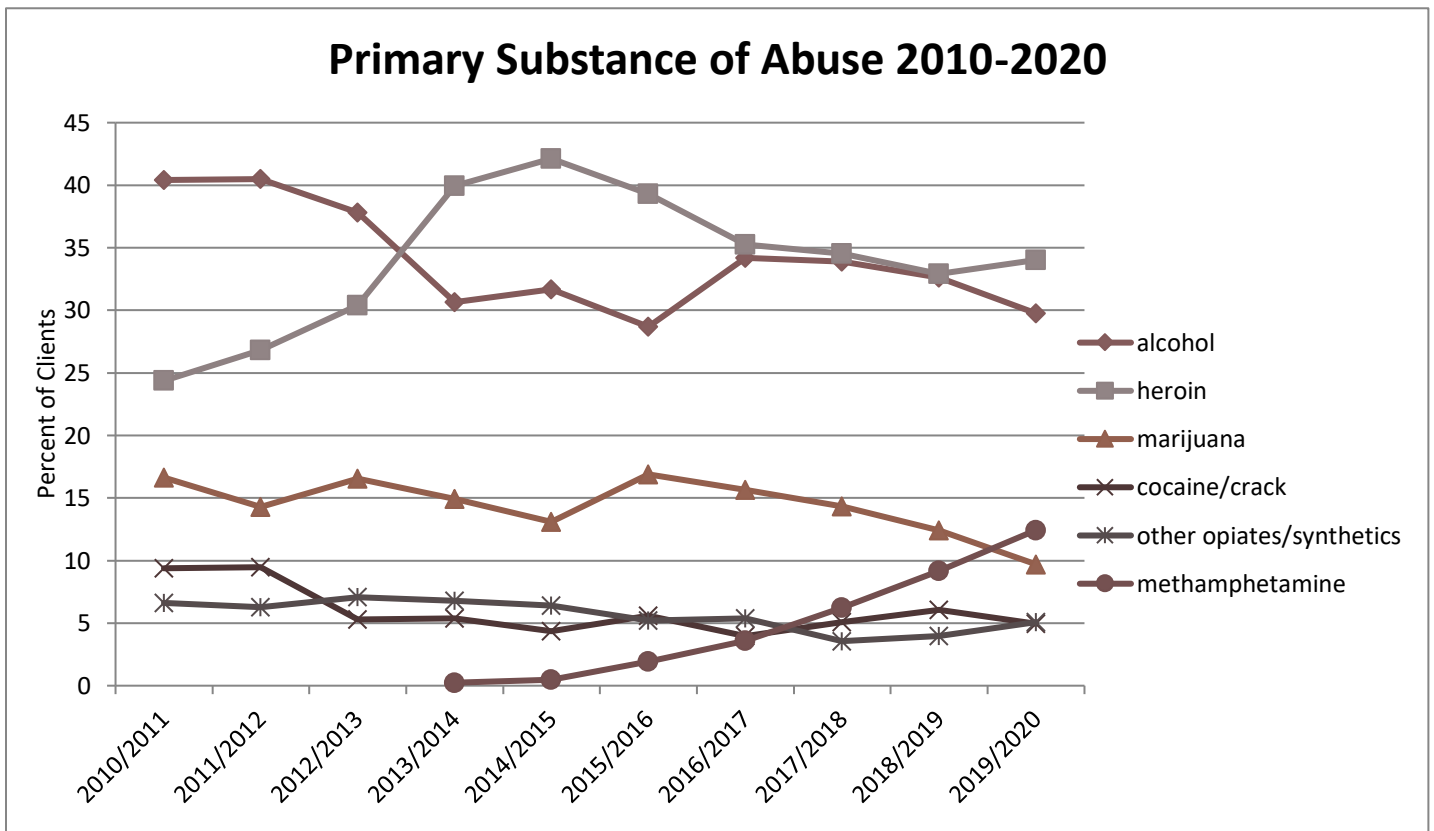
- Participated on the Homeless Service Provider Network.
- Assisted Veterans Court as needed.
- Conducted three Outpatient Provider Focus Groups.
- Served on the PA State Supreme Court's Drug Court Accreditation Advisory Committee.
- Participated on SAP District Council.
- Participated on the ReNew Steering Committee.
- Monitored suboxone and methadone clients.
- Helped service providers learn the PA WITS system.

Recovery Support

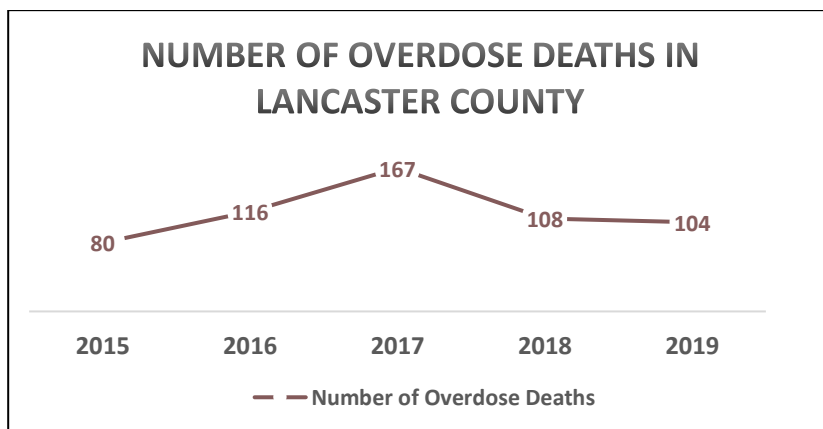
- Continued to work with RASE Project in the warm hand-off program, bridging the gap for overdose survivors from emergency care to addictions treatment.
- Worked with RASE and the Pre-parole Unit at the Lancaster County Prison, to have specific clients identified to go "door to door" from prison to D&A treatment. Used HealthChoices funding to create a prison door-to-door project.
- Participated in a scholarship program for recovery houses in the region.
- Participated on the Lancaster County Recovery Alliance.
- Worked with Lancaster County Prison and RASE on Vivitrol Program.
- Funded and supported the Donegal Substance Abuse Alliance in Mount Joy.
- Funded and supported the 521 Club.

II. Trends

- There has been an increase in the use of non-professional recovery support services, such as recovery houses. Thanks to a HealthChoices initiative, there are now 24 CABHC-approved recovery houses in Lancaster County.
- The following chart shows trends in Lancaster SCA clients' primary substance of abuse over the past ten years. Methamphetamine continues to rise and is now the third most common primary substance of abuse among county clients. Following a five-year increase, heroin use had begun to decline. Last year showed a small increase in heroin again. Overdose deaths have leveled off and begun to decline, after a five-year pattern of increase. Toxicology reports usually show the presence of multiple substances, with fentanyl and heroin as the most often identified substances in decedents.



Note: This chart only represents clients funded by the Lancaster County D&A Commission.



Data source: Lancaster County Coroner's Office

III. Client Demographics

Lancaster County SCA admitted a total of 2,012 clients between July 1, 2019 and June 30, 2020, with 1,613 being discharged by the period end. The following charts detailing age, race, sex, primary substance of abuse, referral source, education, and special population reflect the demographics of these clients:

Race	Number of Clients	Percent
White	1,480	73.56
Black	129	6.41
Asian/ Pacific Islander	8	≤1
Alaskan Native	2	≤1
Native American	3	≤1
Other	18	≤1
Unknown	207	10.29

Primary Substance of Abuse	Number of Clients	Percent
Alcohol	598	29.74
Cocaine/Crack	100	4.97
Marijuana/Hashish	195	9.7
Heroin	684	34.01
Other Opiate/Synthetics	102	5.07
Methamphetamine	250	12.43

Sex	Number of Clients	Percent
Male	1,478	73.46
Female	534	26.54

Age Range	Number of Clients	Percent
18 and under	15	≤1
19 to 24 years	209	10.39
25 to 39 years	1,148	57.06
40 to 64 years	592	29.42
65 and above	48	2.38

Special Population	Number of Clients	Percent
Pregnant women	2	≤1
Women with Dependent Children	124	6.16

Referral Source	Number of Clients	Percent
Self	657	32.65
D&A Provider	315	15.66
Court/Criminal Justice	592	29.42
Family/Friend	17	≤1
Hospital/Physician	28	1.39
Community Service Provider	58	2.88
Other Voluntary	266	13.22
Other Involuntary	67	3.34
Employer/EAP	1	≤1
School/SAP	8	≤1
Clergy/Faith leader	3	≤1

Education	Number of Clients	Percent
Under 12 Years	432	21.47
High school diploma	963	47.86
GED	241	11.98
Some college	223	11.08
Associates degree	68	3.38
Bachelors degree	63	3.13
Graduate degree	22	1.1

Fiscal Information

Net Expenditures by Service Category

July 1, 2019 – June 30, 2020

Service Category	Net Expenses	Units
Inpatient Non-hospital Detoxification (823A)	\$380,779	1,419
Inpatient Non-hospital Short-term Rehabilitation (823B)	\$863,743	3,684
Inpatient Non-hospital Long-term Rehabilitation (823C)	\$72,573	276
Inpatient Hospital Detox (834A)	\$5,894	10
Inpatient Hospital Rehab (834B)	\$2,947	5
Partial Hospitalization (852A)	\$39,760	2,095
Halfway House (852B)	\$24,058	181
Outpatient (861A)	\$209,828	10,763
Intensive Outpatient (861B)	\$74,316	2,869
Physician and Pharmacy (8900)	\$314,673	NA
Case Management (9100)	\$411,708	NA
Case Management Evaluation (9101)	\$197,555	2,600
Recovery Support Services (930R))	\$639,670	NA
Totals	\$3,237,504	23,901

Note: This chart contains an unduplicated client count by service category. Centers of Excellence funding is not reflected.

Fiscal Information

Schedule of Applied Expenses by Funding Source

July 1, 2019 – June 30, 2020

Activity	State Base	Federal	Gambling	DDAP	BHSI, Act 152	Health Choices	HSDF	County Match	Other Funds*	Total
Administration 5100	\$270,047	0	\$11,960	\$282,007	\$67,342	\$73,988	0	\$128,246	0	\$551,582
Special Projects	0	\$225,000	0	\$225,000	0	0	0	0	0	\$225,000
Information 6100	\$104,451	\$108,128	\$43,808	\$256,387	\$136,017	\$6,109	\$2,417	\$30,505	\$75,000	\$506,434
Education 6200	\$30,198	\$106,847	\$73,487	\$210,532	\$206,251	\$2,013	\$55,000	0	0	\$473,796
Alt. Activities 6300	\$7,710	\$9,304	0	\$17,015	\$76,506	\$596	\$26,583	0	0	\$120,700
Problem ID 6400	\$119,270	\$86,247	\$22,626	\$228,143	\$16,000	0	0	0	0	\$244,143
Comm. Based 6500	\$44,785	\$51,826	\$64,281	\$160,892	\$21,747	\$1,184	0	\$1,154	0	\$184,978
Environmental 6600	\$6,375	0	0	\$6,375	0	0	0	0	0	\$6,375
Other Prev 6700	0	0	0	0	0	0	0	0	0	0
Detox (non-hosp) 823A	\$77,357	\$260,981	\$23,582	\$361,920	\$18,859	0	0	0	0	\$380,779
Rehab (short term) 823B	\$66,549	\$702,914	\$74,816	\$844,279	\$18,330	0	0	0	0	\$862,609
Rehab (long term) 823C	\$7,502	\$61,158	\$3,630	\$72,290	0	0	0	0	0	\$72,290
Detox 834A	0	0	0	0	\$5,894	0	0	0	0	\$5,894
Rehab 834B	0	0	0	0	\$2,947	0	0	0	0	\$2,947
Partial hosp. 852A	\$12,594	\$27,166	0	\$39,760	0	0	0	0	0	\$39,760
Halfway House 852B	0	\$24,058	0	\$24,058	0	0	0	0	\$100,000	\$124,058
Outpatient 861A	\$105,545	\$111,491	0	\$217,036	\$640	0	0	0	0	\$217,676
Intensive Outpatient 861B	\$63,778	\$9,616	0	\$73,394	\$522	0	0	0	0	\$73,916
Physician/Pharmacy 8900	0	0	0	0	\$28,208	0	0	0	\$286,465	\$314,673
Case Management 9100	\$7,876	\$185,838	0	\$193,715	\$190,982	\$26,485	0	\$96	0	\$411,277
CM Evaluation 9101	\$50,676	\$80,328	\$3,080	\$134,084	\$59,920	0	0	0	0	\$194,005
Recovery Housing 920R	0	0	0	0	0	0	0	0	0	0
Other Recovery Support (930D)	0	\$53,804	0	\$53,804	0	0	0	0	0	\$53,804
Recovery Support 930R	0	\$181,161	0	\$181,161	\$458,509	0	0	0	0	\$639,670
Totals:	\$974,712	\$2,285,867	\$321,270	\$3,581,849	\$1,308,674	\$110,376	\$84,000	\$160,000	\$461,465	\$5,706,364

* Other includes interest, refunds, MPP, and DUI funds.